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L9 and (vertbal\$3 or cognitive\$) same abilit\$3 same patient	3

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<u>L3</u>	L1 and (patient or user or individu\$) same (suffer\$3 or neuron\$ or aphyxia or schizophren\$) same (disease or illness)	0	<u>L3</u>

<u>L2</u>	L1 and (patient or user or individu\$) same (suffer\$3 or neuron\$ or aphyxia or schizophren\$) same (disease or illness) same (receiv\$6 or generat\$6) same (medication or drug or dosage) same (self adj monitor\$3 or self-check\$6)	0	<u>L2</u>
<u>L1</u>	(6373787 OR 6354299 OR 5899855 OR 5868135 OR 5002055 OR 6423001).PN.	6	<u>L1</u>

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L4: Entry 1 of 1

File: USPT

Mar 12, 2002

DOCUMENT-IDENTIFIER: US 6354299 B1

TITLE: Implantable device for patient communication

Abstract Text (1):

An implantable device incorporating an acoustic transducer allows information and alerts to be communicated from the device to a patient. Sounds, including but not limited to buzzes, tones, sequences of tones, combinations of tones, complex sounds, and segments of reproduced or simulated human speech, are transmitted from an intracranially implanted portion of the device via bone conduction to the patient's ears, particularly the inner ears. In the disclosed embodiment, the acoustic transducer is used in cooperation with an implantable closed-loop system for the treatment of certain neurological disorders such as epilepsy, migraine headaches and Parkinson's disease, to warn the patient of an imminent seizure or other episode, to provide information to the patient on the state of the implantable apparatus, and to provide reminders and other information to the patient.

Brief Summary Text (13):

The present invention is a multiple electrode, closed-loop system for the treatment of certain neurological disorders such as epilepsy, migraine headaches and Parkinson's disease. A purpose of the present invention is to overcome the shortcomings of all prior art devices for the treatment of such disorders. Specifically, the present invention combines a multi-electrode array with sophisticated signal processing techniques to achieve reliable detection of the onset of a neurological event (such as an epileptic seizure or migraine headache) typically originating from a focus of limited spatial extent within the brain. It is well known that in certain patients, epileptic seizures consistently originate from a single location within the brain. However, the system described herein is also adaptable for the treatment of a neurological event that involves a major portion or possibly all of the brain tissue.

Brief Summary Text (20):

The present invention envisions four different modalities for stopping the progression of a neurological event such as an epileptic seizure once it has been detected. A preferred method is to provide a responsive stimulation electrical signal, a second method is to release medication in response to the detection of an event, a third method is to provide an electrical short circuit in the vicinity of the epileptic focus to prevent the occurrence of a full epileptic seizure and a fourth method is the application of a sensory input through normal sensory pathways. Such sensory input could be acoustic (sound input), visual (light input), or other sensory input such as mechanical vibration or electrical stimulation of the skin. Of course it is envisioned that any two or more of these modalities can be used in combination in order to preclude, prevent or decrease the severity of a neurological event such as an epileptic seizure, migraine headache, Parkinson's disease tremor, etc. A valuable attribute of the present invention is the ability to record the EEG signal from any one or all of the detection electrodes. Typically the EEG signal would be continuously recorded in a first-in first-out (FIFO) digital data recording system where the current data overwrites the oldest data as

memory storage capacity is exceeded. In the event that a neurological event was detected, the device would save the preceding several minutes of data while continuing to record subsequent EEG data after the application of a response such as responsive stimulation, short circuiting of some electrode(s) or the delivery of a bolus of medication. It is conceived that the device would hold in memory the recording made for several minutes both before and after the neurological event. These data would then be read out by the patient's physician on a regular basis (e.g., every three months, or more frequently if the device did not promptly terminate some neurological event). It is also anticipated that the patient could use a patient's initiating device to trigger the retention of several minutes of data recording of the EEG signal from a pre-selected group of electrodes.

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